

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3004

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 1320 Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Patricia Sue Horton

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased December 29, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Rocky Comfort, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business X

12. Name Raymond L. Horton

13. Birthplace Rocky Comfort, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virgie L. Foster

15. Birthplace Rogers, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond L. Horton

(b) Address R. #2, Rocky Comfort, Missouri

17. (a) Burial (b) Date thereof 2-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort, Mo.

18. (a) Signature of funeral director None - Family

(b) Address Rocky Comfort, Missouri

19. (a) 1-31-41 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Rocky Comfort - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1941 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from Jan 29, 1941 to Jan 29, 1941
that I last saw her alive on Jan 29-41 and that death occurred on the date and hour stated above

Immediate cause of death _____ Duration _____

Due to Alcoholism

Due to 2718

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

372 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature of physician Ed D. James (M. D. or D. O.)

Address Frisco Bldg., Joplin, Mo. Date signed 1-31-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-2-189

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.